



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
PO Box 45505 Olympia WA 98504-5505

[insert date]

[HOH Client ID]
[language code]

[Head of House hold]
[Address]
[Address]
[City, State, Zip]

Your health care plan is changing!

The health plan you have now, Premera Blue Cross, will not be in your area after May 31, 2004.

Beginning June 1, 2004, **Molina Healthcare** will be your new health plan. You can do nothing and stay with Molina, or you can choose another health plan.

How do you choose? Ask your doctor which Healthy Options plan they will be with June 2004. You can also call the health plans below to ask about doctors, hospitals, pharmacies and other services. Doctor and plan information is on the web at <http://maa.dshs.wa.gov/IPNDweb>

Circle the plan you want.

Like this: Healthy Options plan 1-800-xxx-xxxx

[plan name at 1-800-123-4444]

[plan name at 1-800-123-5555]

[plan name at 1-800-123-6666]

Note: Everyone in your family must be with the *same* plan.

How do you tell us? Circle a plan above, list your doctors' name on the back, and mail this letter in the BUSINESS REPLY envelope. No postage is needed. **Or** the



EASIEST way is to call us toll-free at **1-800-562-3022**

Monday through Friday 7:00 a.m. to 6:00 p.m.

TTY/TTD users call 711 or 1-800-848-5429

If you do not tell us? If we do not hear from you by May 20th, your family members will be with **Molina Healthcare** starting **June 1, 2004**.

If you have any questions, please call 1-800-562-3022. We're here to help you.

List your doctors below for each family member. We will give this list to the plan you have circled on the front of this letter. All doctors you list must be in this plan. Call your doctor if you are not sure.

Family Member	Name of Doctor	Pregnant? If yes, Write in due date	Surgery? If yes, Write in schedule date

Does any child in your family get special needs services (Title V) from a health department nurse?
If they do, please write in the child's name. _____